

Capsules of the NEWS...

Testimony: A U.S. Court of Appeals, in reversing a decision by a trial court judge, held that everybody knows without being told by an expert that leaving foreign nonabsorbable substance in a patient's body is not approved surgical practice. Judge had taken suit for medical professional liability from jury and directed verdict for defendant because plaintiffs had not produced expert medical witness.

Cancer Victims: American Cancer Society has made public appeal to help locate people who have lost their voices to cancer. ASC said 95% of 12,000 to 15,000 persons who have undergone surgery for cancer of larynx are physically capable of learning to speak again.

Partnerships: Mortality rate of medical partnerships probably exceeds divorce rate, says a professional business management consultant. He lists among reasons for differences between partners: poorly written or no agreement, age, personality, finances, professional jealousy, laziness, emotional immaturity, no trial period, decisions to leave private practice of medicine, sharing or failing to share patients, too much or too little social fraternizing between partners.

Unsafe Drivers: Examinations of 106 traffic violators at Chicago Municipal Court's Psychiatric Institute showed only 12 to be physically or mentally fit to drive. Ten had organic brain conditions, 11 suffered a mental illness, 21 were chronic alcoholics, 11 were mental defectives, 16 were emotionally unstable, five were senile, seven had sociopathic personalities, 13 had acute alcoholic episodes.

Investments: Nation's largest securities brokerage firm has alerted the public to "imprudent speculation" in the stock market. See story page 15.

Polio Vaccine: Surgeon General Leroy E. Burney said it may be "several years" or more before the Public Health Service will rule on widespread use of live attenuated polio vaccine that could be taken orally. There is need for more experimental work and research, he said.

Medicolegal: Cleveland attorney says one interpretation of legal doctrine in malpractice suits is being overworked and may force the medical profession to forego new techniques. Story page 11.

Labor Pushes Campaign For Hospital Employees

Ruling May Be Tax Windfall

A ruling by the U.S. Court of Appeals, 8th Circuit, may clear the way for a windfall tax refund for some physicians and prevent inequitable taxation of hospital-quartered doctors in the future.

The refund, in some cases, could amount to several hundred dollars.

The ruling (Boykin v. Commissioner of Internal Revenue, 260 Fed. 2d. 249) stated:

A physician, who is required to accept living quarters at a VA hospital as a condition of his employment, is entitled to exclude the rental value of the quarters from his gross income. This holds true regardless of whether the value of rental quarters is considered by his employer as part of the physician's compensation.

In the actual case, the physician received a salary of \$11,300 per year from which \$1,147 was taken out for housing through payroll deductions.

The court held that the amount paid for housing was deductible from his gross income. There was no difference, the court said, in the situation where the quarters were furnished as a part of the compensation or where

(See Tax, Page 2)



TECHNICIAN EXAMINES tissue culture cells at a Communicable Disease Center laboratory. CDC, headquartered in Atlanta, Ga., carries on broad program to develop disease-fighting tools and techniques. It also watches out for possible epidemics and aids in such outbreaks. (See story on Page 5.)

Organized labor's growing courtship of hospital non-professional employees is being watched closely by the nation's private, non-profit hospitals.

Many of these hospitals believe unionization — if successful — will mean:

- Larger operating deficits for the hospitals.
- Higher patient fees and hospitalization insurance premiums.
- Interference by unions in the care of patients.

Economic Problem: Labor leaders admit patient fees may go up, but they deny contentions that unionization interferes with patient care. They see the problem as one of economics.

"If the only problem is finding more money, then mere matters of money can always be solved," one union official told *The AMA News*.

Hospital employee unions are not new. Many tax-supported hospitals have been organized for several years. Unionization has been particularly heavy in the San Francisco-Oakland and Minneapolis-St. Paul areas.

Three unions are currently attempting to organize employees in New York City's voluntary hospitals. One, Local 1199 of the Retail Drug Employees Union, has 3500 employees of six hospitals set to strike unless hospitals recognize the local as bargaining agent for the employees.

Strike Date Set: A spokesman for the local said a strike date has been set for April 22. He said Mayor Robert Wagner will be asked to order the evacuation of patients before the strike.

He said the local would provide "emergency service" for patients who cannot be evacuated and that no effort would be made to prohibit doctors and other professional personnel from crossing picket lines.

Other unions in the New York City drive are Local 237 of the International Brotherhood of Teamsters and Local 302 of the American Federation of State, County and Municipal Employees.

No National Drive: James Hoffa, Teamsters union president, told *The AMA News* that no national drive to enlist hospital workers is contemplated by the Teamsters at this time.

He said in any union of hospital

(See Labor, Page 2)

Closed-Panel

One Suit Is Dismissed

One of two suits pitting the United Mine Workers of America against the Colorado State Medical Society has been dropped.

A suit by Dr. William D. Broxon, Trinidad, Colo., who had challenged the right of the medical society to bar its members from participating in a UMWA closed-panel practice, was dismissed on March 28 by Judge George H. Blickhahn in Denver District Court.

The court action came after attorneys for Dr. Broxon filed a "stipulation of dismissal" which stated that the physician will be leaving Colorado about June 1, and the issues will be "moot before tried."

Ethics Involved: The two cases, both of which were assigned to Judge Blickhahn, stemmed from a ruling two years ago by the Colorado State Medical Society. The decree stated that it would be considered a breach of medical ethics if members took part in any medical plan which limited its practice to a closed-panel of doctors, and denied patients the right to choose their own physician.

Dr. Broxon participated in the UMWA's closed-panel "Trinidad

Plan," although he was not a salaried employee.

His suit had charged that he faced expulsion from the society and had asked for a permanent court injunction prohibiting the society from enforcing its decree.

The second suit was brought by two other Trinidad physicians against the Las Animas (Colo.) County Medical Society and six of its individual members.

Damage Claims Dropped: The plaintiffs are Drs. Stanley H. Biber and Robert D. Carlson, both employed on salary by the UMWA panel, and both of whom have been denied membership in the local medical society.

Drs. Biber and Carlson have asked for a declaratory judgment holding that their practice is legal under the Colorado Medical Practice Act and for a court order prohibiting the medical society from continuing to deny them membership on the grounds of their association with UMWA.

Each also originally sought \$75,000 damages from the county society on grounds of damage to his practice, but each subsequently dropped the damage claims.

How Important Is Collection Rate?

Can medical accounts be collected for 10%? Look for an article analyzing collection rates and what to watch for in selecting a collection service in the next issue of *The AMA News*, May 4.

MD Obligated To Cooperate

The physician is obligated to cooperate with the legal profession and the judiciary in providing "sound, impartial medical testimony under whatever mechanism exists in his particular geographic area," Dr. David B. Allman, immediate past president of AMA, said recently.

Dr. Allman spoke at a conference on costs of personal injuries which was sponsored by the Chicago Association of Commerce and Industry and the Medical Directors Club of Chicago.

"I... believe independence of medical judgment must be preserved," Dr. Allman said. "Medicine is not an exact science."

Too many doctors think impartial medical testimony—a system which employs court-appointed physicians—is a practice which will free them from their obligations as citizens to appear as witnesses in our court system, Dr. Allman declared.

He advised doctors to prepare themselves for the role of witnesses. Physicians must learn to appreciate that there are parties whose entire futures are frequently involved in the litigation, he said.

A poorly prepared physician-witness has only himself to blame if he is contradicted by a colleague who has properly prepared himself, Dr. Allman said.

He called on the legal profession to awaken to "unethical activities" of lawyers who urge physicians to pervert their testimony.

New Syndrome

Dr. George L. Pelkey, San Bernardino, Calif., has reported a new radiologic syndrome—"Soap Box Derby Skulldugery."

It seems that the derby winner in San Bernardino was driving a car which was somewhat out of proportion in weight and size.

Dr. Pelkey, a radiologist, conducted an x-ray examination of the car and found two areas of metal which turned out to be lead. The car and boy was disqualified.

The San Bernardino incident was reported to National Derby officials in Akron, Ohio. Cars there subsequently were x-rayed and several metal-carrying offenders were found.



RECOVERY FROM CANCER of the thyroid six years ago triggered desire of Mrs. Betty Lou Ray Baltzan, 29, to become a physician. She will receive her MD degree in June from Johns Hopkins Medical School.

Tax...

(Continued from Page 1)
a charge was made by the employer in the form of a pay deduction.

There has been a number of developments since the ruling was made last October, and according to AMA's Law Division the situation shapes up like this:

- The case is not being appealed to the Supreme Court as originally indicated.

- Medical directors in VA hospitals have been told informally that the Internal Revenue Bureau apparently will go along with the appeals court ruling.

- Until a notice of "acquiescence" is given by the Internal Revenue Bureau, district offices will hold to the old rule that where charges are made for meals or lodging, the amount cannot be deducted from income even though the employee may be required to live on the employer's premises. However, in the 8th Circuit, physicians may now compute their income tax according to the recent ruling.

- Physicians who are, or have been employed since Jan. 1, 1956, under conditions cited in the case are advised to file refund claims promptly. The statute of limitation bars claims which are more than three years old. Claims for refunds may be made by completing Form 843, or by filing an amended return, Form 1040, for each year in which a refund is claimed.

- The ruling not only applies to VA hospitals but also other hospitals.

Insurance Group Drops Age Curbs

Connecticut Medical Service (Blue Shield) has dropped all age and job restrictions to membership.

The policy change, effective April 1, opened CMS service benefits to more than 100,000 state residents over age 65. It also enables younger people, who do not have CMS payroll group plans at their places of work, to enroll at family rates for maternity benefits.

In order to have CMS service benefits as full doctor's payment, the subscriber must be within these income limits: \$3,000 for an individual; \$4,000 for a husband and wife; \$5,000 for a family. Premiums under the new plan will be \$5.10 per month for family enrollments; \$1.75 per month for individual males, and \$2.05 for individual females.

Labor...

(Continued from Page 1)
employees some machinery other than strikes or picket lines would have to be devised to provide for effective collective bargaining. Union members, he said, could not expect the right to strike.

The Teamsters headquarters said it has a "hands-off" policy on the effect of unionization on hospital costs and has made no recommendation on proposals for state or federal aid to private hospitals.

However, Herman J. Bernard, administrator of Local 237, told *The News* his local feels private hospitals are performing a "quasi-governmental function" and should receive financial aid from government agencies.

Administrator's View: Attitude of many of New York City's private hospital administrators is summed up by Dr. Henry Pratt, director of Manhattan's New York Hospital:

"A union has no place in a non-profit, charitable hospital where the lives of human beings are at stake."

Dr. Pratt adds that the intersection of a union with no responsibility towards a hospital's patients would hamper the hospital in performing its functions.

"Employees should not serve two bosses with different objectives and responsibilities," the director says. "Any enlightened management can provide formal grievance procedures for its employees without the necessity of unions."

Wage Scales Low: Union officials say wages paid hospital workers are among the lowest in the nation. Administrators realize wage scales are low, but insist they can't afford to pay more.

Dr. Pratt points to his own hospital as an example of the poor financial position in which many private hospitals find themselves.

"We can't raise our charges for services," he says, "because only 15% of our patients are now paying us our costs. Blue Cross pays us less than it costs us to care for its subscribers. The city pays us \$16 a day to care for indigent patients, but it costs us more than that." The city will pay \$20 a day beginning in July.

He points out that last year gifts to New York Hospital totaled among the highest in the country, but that its operating deficit exceeded \$1 million.

AMA's Policy: Under federal labor relations legislation, private hospitals are exempt from minimum wage, disability and unemployment insurance laws. The American Hospital Association leaves to the individual hospital the decision on whether to negotiate with unions.

New Feature Next Issue

A new service for physicians starts May 4 in *The AMA News*.

The feature, which will appear in each issue, is a question and answer column. Physicians are invited to submit to *The News* questions they may have in the field of practice management. Answers will be provided by members of the Society of Professional Business Consultants.

Physicians may submit questions on public relations, fees, personnel, office layout and decoration, building a practice, designing a medical building, investments, and so on, to: *The AMA News*, AMA, 535 N. Dearborn, Chicago 10, Ill.

MD Praised In Poison Case

A medical resident has been praised for his competent action in the poison fish incident last month which claimed the life of a three-year-old Camden, N.J., boy and triggered a 14-state alarm.

In an editorial, which praised health, police and other officials for the alert and intelligent manner in which they handled the emergency, *The Philadelphia Inquirer* said:

"Too much credit cannot be given Dr. Thomas L. Singley Jr., a young medical resident of Camden's Cooper Hospital, for his swift diagnosis in the case of the six members of the Kleinschmidt family who were presumably suffering from food poisoning. The three-year-old boy, Dale Kleinschmidt, was pronounced dead four minutes after his arrival at the hospital."

"When Dr. Singley administered oxygen to the other members of the family and noticed that they were starting to turn blue, he recalled the case of 11 men in New York who were poisoned by sodium nitrite sprinkled on oatmeal in mistake for salt. The men had turned blue before nine of them died."

"The physician treated the five Kleinschmidts for nitrite poisoning and they were saved."

Dr. Singley discovered that the family had eaten fillet of flounder for dinner and notified health officials as well as officials of the U.S. Food and Drug Administration.

An inspection and warning round-up followed and all poisoned fillet of flounder was removed from sale in the area.

Health Code Revised

New York City barbers no longer face fines if their cuspidor count is down.

The city's revised health code, effective October 1, eliminates a long-standing regulation requiring a certain number of cuspidors in a tonsorial parlor. Erased, too, is the rule requiring individual shaving mugs for customers.

The wording is changed, but the aim's the same under a section on rodent control. Rats, mice, and insects are no longer "nuisances that should not be permitted" but creatures that "must be eradicated."

The modernized code is the first

extensive revision since 1914. Representatives of medicine, industry, and labor cooperated with the city's Department of Health during the three-year revision effort.

Among revisions is the elimination of periods of quarantine formerly required for certain contagious diseases. Midwifery becomes a thing of the past, with permits issued only to professional nurses working under an obstetrician's supervision.

A new provision makes the safety of chemical food additives the responsibility of the manufacturer rather than of regulatory agencies.

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Hospital Ship Makes Progress

The president of the People to People Health Foundation reports that its project to send a hospital ship on a goodwill mission to Southeast Asia is making "wonderful progress."

Dr. William B. Walsh, Washington, D.C., who is spearheading "Project Hope," said:

"We have received hundreds of letters and applications, just based on early releases of the story. (*The AMA News*, Feb. 23.) Our fund raising is progressing."

The non-profit citizens' organization plans to use the Navy hospital ship, *Consolation*. Ten physicians and some 50 nurses and technicians will make up the permanent staff.

The remainder of the medical personnel will be three-month volunteers.

Those wishing to support this project may do so by making contributions payable to: Hope Project, P.O. Box 9808, Washington 15, D.C.

Rancher Sentenced On Drug Charge

A West Creek, Colo., rancher was sentenced in Denver to another 11½ months in prison for continuing to represent himself as a physician and for dispensing drugs without a prescription.

Homer N. Archambault was convicted on the same charges in 1954, was fined \$2,000, jailed for eight months, and released on probation. The petition for revocation of probation was brought by the Food and Drug Administration.

The Whole Patient Synthesis of Medicine, Religion

"We are seeing a renewed and vigorous interest by the medical profession in the interrelationship of medicine and religion in treating the whole patient."

This statement comes from Granger E. Westberg, D. D., a former hospital chaplain who holds a unique joint chair in religion and medicine at the University of Chicago.

The Rev. Westberg bases his statement on talks he has had with his students, the experiences he has had as a guest speaker at various medical schools, and the fact that medical schools are beginning to consider the possibilities of offering courses in theology.

Standing Room Only: "Recently," he said, "I gave a lecture on religion and medicine at the University of Pennsylvania School of Medicine. Attendance was optional, but the students jammed the auditorium. Many of them were so interested in obtaining information in this area that they stood up during the entire meeting."

The theologian reported that he found a similar thirst for religious-medical knowledge among medical students at the University of Rochester and the University of Iowa.

Since his precedent-shattering appointment to the joint chair at the University of Chicago in 1956, Rev. Westberg has gradually introduced a program which is fusing medicine and religion in treating the "whole patient."

Presently, he gives a series of lec-



The Rev. G. E. Westberg

tures to freshmen medical students and conducts an elective course for sophomores.

Varied Topics: Among the topics he discusses with second-year students are: Role of family in illness, grief reactions and problems of grief, interrelationship of religion and psychiatry, religious aspects of functional illness, problems presented by "faith healers," premarital counseling, birth control, and other broad areas of morals in medicine.

Impressed by the clinical approach to teaching medicine, Rev. Westberg also has established a program in which a dozen theological students are

exposed to real life situations in hospitals.

The students attend morning classes at the seminary, and then spend afternoons at the hospital, where they counsel patients who are asking the basic questions of life.

"We find," he says, "that an afternoon at the hospital helps bring real meaning to the student's theological studies."

Religious Implications: A third part of Rev. Westberg's program finds a true synthesis of religion and medicine.

In this program, weekly conferences are held at which an intern or a student chaplain discusses the religious implications in a hospital case. Sometimes the intern and student chaplain study the case together and make a joint presentation on their findings.

The theologian concluded:

"The average general practitioner spends a good part of each day carrying on pastoral functions. The average pastor spends a great deal of time with people having functional illnesses."

"There appear to be unlimited possibilities for cooperation."

Pharmaceutical Study

The pharmaceutical industry's relation to hospital pharmacy will be studied by a 21-member committee of the National Pharmaceutical Council, according to Carl K. Raiser, NPC president.

"...so he's going to present the award in Atlantic City in June—say, how'd you happen to change to a Lincoln?"

"Oh, I looked at my usual. But I liked this styling better, and they certainly give you every luxury! It's beautifully put together, too, and roomier—Lincoln is one car that's big inside."



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Editorial Viewpoint

Emergency Call Plans

When emergency strikes in the form of accident or sudden illness, folks want a physician in a hurry. And inability to locate an MD in an emergency usually is regarded by the public as evidence that local medical care is inadequate. This inevitably results in bad public relations, such as comments implying that physicians are unwilling to accept emergency calls which come at inconvenient times.

The public has come to consider emergency medical service a "medical right." Acceptance of emergency calls is recognized by the medical profession as its responsibility.

However, the value of any emergency call plan is diminished unless physicians actively inform residents about it. Unless the patient knows the plan exists and knows how to use it, it will have little or no value either to him or to the society.

Two general types of announcements are used to keep the public informed of this service: permanent notices, to be kept available by patients or local agencies at all times, and periodic reminders of the service.

Since, frequently, the caller waits until an emergency arises before finding out how to obtain aid, each announcement should include all the information necessary for use of the service. All publicity should include short, concise, clear statements of what service is offered, how to obtain it, and who sponsors the plan.

The primary permanent announcement of an emergency call plan is the advertisement in the telephone directory. Most societies use a box advertisement in the classified section with the listing of physicians. Some telephone company operators refer emergency medical calls to the medical society's agency. As an extension of this service, it sometimes is possible to have the emergency medical number listed in the front of the directory with such other emergency numbers as the police and fire department.

Gummed labels giving the emergency number are distributed by some societies for pasting on the cover of the directory. In other communities placards announcing the service are distributed to business firms, druggists, hospitals, police and fire departments and other local emergency agencies. In some areas, placards are posted by all public telephones.

Leaflets describing the plan are distributed by physicians to their patients or by local "Welcome Wagons" to newcomers in the community.

Periodic reminders may be advertisements or feature stories in newspapers, spot announcements on radio and television stations, or announcements before civic and fraternal organizations.

It is important to remember that before emergency call plans are publicized the personnel handling the system must be trained and the physicians ready to handle the demands of the public. When emergency calls come, the medical profession is committed to deliver or suffer irreparable damage to one of the foundation stones of its public relations program.

Nothing Serious

• During a convention of atomic scientists at Las Vegas, one of the professors spent all of his free time at the gambling tables. A couple of colleagues were discussing their friend's weakness. Said one: "Jones gambles as if there were no tomorrow." "Maybe," commented the other, "he knows something."

• There has been quite a change in men's fashions. It used to be that the only thing needed to wear the latest styles was money—now it also takes nerve.

• Some patients who think that a doctor doesn't know anything about the difficulty of swallowing pills, don't know some patients.

• Super Salesman: One who can sell a double-breasted suit to a Phi Beta Kappa.—*American Druggist*.

Political Football



As I See It

The Do-It-Yourself Age

(Editor's Note: The following excerpts are from remarks by Earl L. Butz, Dean of Agriculture, Purdue University, before the National Conference on Rural Health.)

The average American likes to do many things for himself. He has a great deal of personal independence built into his philosophy. He takes much pride in the gadgets he makes and the things he accomplishes in his leisure hours.

While the motivation for this do-it-yourself may be partly one of economy, it is also partly one of pride in self-accomplishment.

Unfortunately, there are other major areas in which the trend is away from the "do-it-yourself" philosophy. There has been for some years a widespread and growing disposition to look to the federal government to "do it for us" in matters of social welfare. Problems of individual and community health that once were solved on a local basis are increasingly being shifted to state and national levels.

Perhaps the reason we take pride in fixing up our own house on Saturday afternoon is that no vote-thirsty politician has yet promised free paint and repairs for all homeowners at federal expense. If some irresponsible candidate were to make such a promise, he no doubt would attract a large following. But when Mr. Homeowner got his tax bill a few months later, if the cost of such service could be listed separately, he would be in for a real shock.

A close parallel exists in the case of socialized health services. A generation ago nearly all of our health facilities and services were provided on a local community basis. Sometimes service was inadequate, to be sure. But this is no reason to throw the system overboard. It is better to plug the inadequacies and strengthen our community programs for health and social welfare.

Alert rural communities are doing this very thing. A community thus mobilized will be able to provide its own health and sanitation program better and more economically than one which sits back and "waits for Washington to do it."

Powerful forces are working to push the mammoth Social Security program into a broad and bitterly controversial new field—medical care. In this way it may be possible to accomplish by indirection what the socialized medicine boys failed to do in a direct frontal attack a few years ago.

The difficulty with the government undertaking a scheme like this is that there's no stopping point. Once such a system is started, political pressures inevitably force broadening of the base upon which benefits are extended.

At about this stage, the plan fails to be self-financing, even with free supervision.

We must strive ever to preserve a proper relationship between our local activities and government. We must always keep private enterprise and private initiative the senior partner, and government the junior partner.

One of the great challenges facing all of us is to see that our economy is not dominated by government—that government helps rather than displaces private enterprise.

A Doctor's Hands

God Bless The Hands That Heal
The Sick; The Hands That Feel
So Gentle, Yet Have Might
Enough To Fight The Fight
With Death, And Its Demands.
God Bless A Doctor's Hands.

*This prayer was written by Mrs. H. L. Boese, a physician's wife in Alexandria, La., for the Doctor's Day program sponsored by the Women's Auxiliary of the Rapides Parish Medical Society.

As Others See It

Worthwhile Tax Relief

Chicago Tribune

IF ANY TAX reduction bill can be justified in the light of today's heavy spending prospects, it is the one . . . (which) would relieve self-employed persons—doctors, lawyers, farmers, shop owners, and so on—of having to pay current income taxes on amounts they pay into special retirement or pension funds. . . .

The treasury's objection that this bill will deprive the government of \$360 million a year is short sighted. The bill simply defers the payment of these taxes, and in general the government will lose out only to the extent that a retired worker is in a lower tax bracket than he was while making the payments.

More important is the fact that this bill would encourage more people to save for their own future—a sensible old custom which seems to have fallen into disrepute on the theory that the government is going to take care of everybody, anyway. If people provided better for their own future, a lot of the federal and state welfare spending would be unnecessary, and the eventual saving would far exceed whatever the government is deprived of in the next few years. . . .

Positive Health

Dr. Edward L. Bortz, a former president of the AMA, believes the Biblical life span of three-score and ten can be extended greatly by following a "Decalogue of Positive Health."

Dr. Bortz of Lankenau Hospital, Philadelphia, Pa., listed the ten points as:

- (1) Balanced diet (2) Proper elimination (3) Adequate rest (4) Recreation (5) A sense of humor (6) Emotional control (7) Companionship (8) Maintaining a sense of pride in one's work (9) Participation in community affairs (10) Preserving an open mind.

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Special Report

Center Tracks and Battles Epidemics

On July 13, a group of 14 bacteriologists will begin classes in plain, wooden barracks set out on the Georgia countryside.

There will be little fanfare to mark the event, but it will be another outstanding example of the valuable contributions being made by the Public Health Service's Communicable Disease Center, headquartered in Atlanta, Ga.

The classes, at CDC's Laboratory Branch in Chamblee, 12 miles outside Atlanta, will be the first of their kind in teaching key laboratory personnel from state health departments the theoretical and practical aspects of fluorescent antibody techniques for diagnosing various diseases.

Advance Group

The students will be the advance group of an eventual army of laboratory workers who will learn to utilize the technique and perhaps help eradicate an ailment such as rheumatic heart disease by diagnosing strep throats quickly and surely.

It was a CDC scientist—Morris Goldman, Sc.D.—who demonstrated the potential of the fluorescent antibody technique as a diagnostic tool in 1953.

Using the laboratory test which had been discovered a decade earlier by Dr. Albert H. Coons at Harvard, Dr. Goldman succeeded in differentiating the protozoa causing dysentery, *Entamoeba histolytica*, from the closely related but harmless *Entamoeba coli*.

Thus, in every sense, the beginning of the two-week course fulfills the basic mission of CDC: To control infectious diseases, to develop practical biomedical tools and techniques, and to help states carry on an effective program of prevention and control within their boundaries.

Several Years Away

Last month, the Department of Health, Education, and Welfare gave an enthusiastic report on the fluorescent antibody technique as a diagnostic tool. At the same time CDC scientists working to perfect the laboratory test for various diseases told *The AMA News*:

"We would like the physicians to know that it will be several years before we know enough about the technique so that it will become a standard laboratory test.

"Techniques must be worked out for the different organisms, field tests must be run to corroborate the findings, and then instructions for the laboratory procedures and correct interpretations of findings must be written."

Serological Test

Tests employing the fluorescent antibody can best be understood by considering them as a serological test for detecting specific antigen-antibody combinations by direct microscopic observation of stained preparations of bacteria, protozoa, viruses, or soluble antigens.

The test consists of treating fixed smears of antigen with a solution of specific antibody which has been labeled with a fluorescent compound.

Organisms which have retained the labeled antibody as a result of the specific antigen-antibody combination appear brightly fluorescent under a microscope using a strong ultraviolet light source.

William B. Cherry, Ph.D., will head a five man teaching staff for the

VD Is Eradicable — IF

Reported cases of primary and secondary syphilis have shot up 15% over a comparable six month period in fiscal 1958. Gonorrhea is up 11%. Figures also show one teenager in the U.S. contracts venereal disease every 11 minutes, and many more cases go unreported."

Citing these unsettling statistics, Dr. William J. Brown, chief of the Communicable Disease Center's Venereal Disease Branch, urged all physicians to cooperate in curbing VD by notifying the local health department whenever they come across a case.

"When this is done," Dr. Brown explained, "the health department can send over a trained interviewer to track down the patient's sex contacts. In this way, other infected persons may be found and necessary treatment begun."

Dr. Brown declared that VD is eradicable "only if every infectious case is located and reported, its source ascertained, all contacts followed up to find possible infection, and all infected persons treated—everywhere—and almost simultaneously."

course. The other instructors will be Dr. Goldman, Max D. Moody, Ph.D., Dr. Theodore R. Carski, and Milford H. Hatch, Sc.D.

More Data Wanted

Dr. Cherry is confident the technique eventually will fulfill its potentialities, but in the meantime he wants more data.

Some of the data will come from field tests now underway in Montgomery County, Md., Bismarck, N.D., and Denver, Colo., to determine the effectiveness of the fluorescent antibody technique to diagnose strep throat.

Dr. Moody, who is supervising the test for CDC, reports that he has received one report on 22 patients in Montgomery County and that the results of the test were "highly satisfactory."

In order to carry out its mission, CDC has, in addition to the Laboratory Branch, similar sub-groups in epidemiology, technology, training, and venereal disease.

Heading the organization of 1,250 persons, many of whom are at field stations and state health departments, is Dr. Robert J. Anderson.

Polio Threatens

The "disease detective" of the organization is the Epidemiology Branch, which presently is concerned with possible outbreaks of polio this year.

Dr. Alexander Langmuir, chief of this branch, believes every city in the country this year potentially runs the risk of a polio epidemic. His group is working with physicians, drug man-

ufacturers, and other medical agencies to carry on a campaign for wider use of Salk Vaccine.

One of the most interesting departments in the Epidemiology Branch is the Epidemic Intelligence Service.

Nearly all of its 38 staff members are young medical school graduates who work for two years with the PHS agency.

According to Dr. Frederick L. Dunn, a Harvard graduate in EIS, many of the recruits become fascinated with epidemiology and continue to work in PHS after their two-year period is up.

The first responsibility of EIS is



PIONEER DEVELOPERS of the fluorescent antibody technique as a diagnostic tool were Morris Goldman, Ph. D., (standing) and Max D. Moody, Ph. D., of the Communicable Disease Center.

epidemic aid. If a call comes in from a community to help battle an epidemic, two or three staff members will drop everything and rush to the community to act as medical advisors.

Last year, teams from EIS went on 42 emergency calls, involving such ailments as influenza, polio, scarlet fever and dysentery.

The most spectacular achievement of the Epidemiology Branch was charting the course of the Asian flu epidemic of 1957-58. Even before the epidemic had reached the U.S., CDC had prepared for it by setting up a rapid reporting service and by holding conferences with drug manufacturers to gauge the need for vaccine.

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On the Legislative Front

Fallout Study Is Underway

President Eisenhower has ordered a study of how Uncle Sam can best tackle the problem of health hazards of radiati n fallout.

The study, expected to be made public soon, is being made by the Atomic Energy Commission, the Department of Health, Education and Welfare, and the Budget Bureau.

White House Press Secretary James C. Haggerty said the study was disclosed "in view of the considerable public attention which has been focused recently on the radiological health studies of the federal government."

A special advisory committee of private citizens recently recommended in a report to the HEW department that prime responsibility for radiation health standards be vested in the Public Health Service, rather than in the AEC which now does most of the work in the field.

Two congressional committees have slated hearings on whether the government is giving the public the facts about radioactive fallout from nuclear test explosions.

Flu Outbreaks In Five Areas

Outbreaks of influenza B have been confirmed in five areas of the United States, according to U.S. Public Health Service.

The virus was identified with outbreaks in northern Indiana, central Iowa, Massachusetts, southern Michigan and in Washington, D.C., metropolitan area.

PHS said a virus causing influenza-like illnesses in several Colorado communities and in west central Mississippi has not been identified. An outbreak in Utah's Salt Lake County which caused a school absenteeism rate of 33% was associated with influenza A virus.

All epidemics have been mild and have been confined chiefly to students. No significant increase in total deaths or in deaths from influenza and pneumonia has been reported from any areas in which influenza has been prevalent.



"But don't my conscious and my subconscious agree on anything?"

Time To Report

Physicians who wish to report any changes in their Biographical-Historical Record at the AMA Headquarters office should complete the form on page 15 of this issue of *The AMA News*.

The form should be filled in and sent to the AMA before May 15.

Drug Hearings To Be Delayed

The Senate investigation of drug manufacturers may not reach the hearing stage until next year due to priority tags on other inquiries.

The sweeping investigation of drug makers' pricing policies by the Senate Antimonopoly Subcommittee headed by Sen. Estes Kefauver (D., Tenn.) will be preceded by hearings on automobile financing, a bill requiring advance notice to the government of price increases, prices in the bakery industry, and the insurance rating business.

"It will be late this session at the earliest," a staff member told *The AMA News* when asked about hearing dates on the drug issue.

The panel has sent out subpoenas to 16 major drug manufacturers requesting detailed financial information. Kefauver has said he wants to determine whether it is an "administered price" industry—that is, one in which prices allegedly are set by management decision rather than by supply and demand.

Staff Director Named For Senate Probe

Sidney Spector, director of the Clearing House on the Aging for the Council of State Government and a former teacher of political science at the University of Chicago, was named staff director for the special Senate investigation of problems of the aged.

The Senate Labor Subcommittee headed by Sen. Pat McNamara (D., Mich.) plans a year-long study of problems confronting elderly people, including health, housing, and recreation. Spector has written several books on the subject.

Health Supervision Endorsed By PTA

Continuous health supervision of children has been endorsed again by the Advisory Committee on Health Supervision to the National Congress of Parents and Teachers.

The PTA has offered its cooperation to health and medical professions in promoting the program.

Local and state PTA units are being urged to publicize the value of periodic examinations of children from birth through high school by their own physicians and dentists.

AMA is one of 18 national organizations with representatives on the Advisory Committee.

Cerebral Palsy Study Is Begun

The Public Health Service announced an "unprecedented" program aimed at finding the causes of cerebral palsy and other neurological ailments of infancy.

Some 40,000 women will be studied over a five-year period under the already-started project that is being carried out in collaboration with 12 hospitals. The women will be observed by specialists from the early months of pregnancy through childbirth to determine whether pre-natal causes are responsible for palsy.

U. S. Surgeon General Leroy E. Burney said it marks the first time a program of such scope has been undertaken. Most research heretofore has been done after the illness became known. Under the new plan, a cross-section of pregnant women at the hospitals will be studied and detailed records kept of their activities prior to childbirth.

Dr. Burney said it is expected that valuable information will be gathered not only on cerebral palsy but on deafness and blindness of children and on the condition of pregnancy, itself.

Ike Nominates Gen. L.D. Heaton

President Eisenhower has named Maj. Gen. Leonard D. Heaton, who headed the team of physicians that performed the ileitis operation on the Chief Executive, to be Army Surgeon General.

Heaton, 56, is commanding general of the Walter Reed Army Hospital. He will replace Maj. Gen. Silas B. Hays as Army Surgeon General. In addition to his duties in the Army's top medical position, General Heaton plans to continue active surgical work at Walter Reed.

The Army officer has treated the President for other ailments, and has cared for Secretary of State Dulles and other dignitaries. His nomination is subject to confirmation by the Senate.

Two MDs Receive North Star Awards

Entitled to "full enjoyment" of Minnesota's 10,000 lakes and "the warm hospitality of her superlative people" are two physicians who are American Medical Association leaders.

Dr. Gunnar Gundersen, AMA president, and Dr. Frank H. Krusen, chairman of AMA's Council on Medical Physics, are entitled to these privileges because they have become members of the "Order of the North Star."

Minnesota Gov. Orville Freeman presented the memberships to Drs. Gundersen of La Crosse, Wis., and Krusen of Rochester, Minn. The "Order of the North Star" was created for Minnesota's Centennial year.



Dr. Roy T. Lester

Manager Named In Washington

Dr. Roy T. Lester, medical director of Blue Cross-Blue Shield of Texas for the last five years, has been appointed manager of the American Medical Association's Washington office.

The Dallas physician, who is 43, will take over the post vacated recently by Edwin (Pat) Patterson. The appointment was announced by Dr. F. J. L. Blasingame, AMA executive vice president.

Patterson will return to his former employment as counsel of the Veterans Affairs Committee, House of Representatives, a position in which he served for 12 years.

Helpful to AMA: Dr. Blasingame said Patterson's "knowledge of legislative processes and understanding of their relationships to the program of the AMA have been helpful to the entire Association."

Dr. Lester took his pre-medical training at Louisiana State University and was graduated from Tulane University School of Medicine in 1939.

He was with the Army Medical Corps for five years during World War II, serving in the Caribbean theater. At the end of the war, he was promoted to lieutenant colonel.

In 1950, he entered private practice in Abilene, Texas, specializing in thoracic surgery. He is a diplomate of the American Board of Surgery and the Board of Thoracic Surgery, and a fellow of the American College of Surgeons.

Surgery Instructor: He has been active in the Texas State Medical Association, serving on the Committee on Voluntary Health Insurance. He also worked with the Medical Economics Committee of the Dallas County Medical Society.

He is clinical instructor in surgery at Southwestern Medical School, Dallas, and a member of the Dallas Southern Clinical Society, the Southwestern Society of Nuclear Medicine, and the Texas Traumatic Surgical Society.

Dr. and Mrs. Lester have three daughters, Linda, Sharon, and Dixie.



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Scientific Briefs

Coenzyme A: American Chemical Society reports Canadian chemists have artificially produced coenzyme A, a chemical needed by every living cell. Synthesis for test tube production was termed a significant step in research for complete understanding of life processes. John G. Moffatt, Ph. D., and H. Gobind Khorana, Ph. D., developed method of building up the complex molecule at University of British Columbia.

Radiation: Herbert E. Kubitschek, Ph. D., Argonne National Laboratory, has found that some unknown factors delay gene mutations for long periods of time in irradiated bacteria. Once the nature of this delay is understood, he said, it may be possible to devise ways of decreasing radiation-induced genetic mutations. A possible explanation: Radiation does not affect genetic material directly, but produces slow-acting chemical mutating agent.

Toxic Wastes: A government medical researcher reports a chemical used in manufacturing household detergents can stimulate body elimination of toxic wastes, including carbon dioxide and lactic acid. But Dr. Gabriel G. Nahas, chief, respiratory section, Walter Reed Army Institute of Research, says much more research must be done on chemical, known as T-H-A-M. Drug was used recently at Henry Ford Hospital, Detroit, and apparently saved life of woman after all known methods had failed to revive her from a coma.

Measles: A preliminary report on what may prove to be an effective vaccine for measles has been revealed at University of California Medical School, Los Angeles. Drs. John M. Adams, David T. Imagawa, Stanley W. Wright, and George Tarjan said the vaccine—made from live distemper virus cultivated in chicken eggs—"appeared promising" in clinical tests.

Bone Marrow: Dr. Henri Jammet, French pathologist who transplanted healthy bone marrow to five Yugoslav victims of radiation, says treatment has "succeeded completely." Reporting to the United Nations Scientific Committee on the Effects of Atomic Radiation, he said similar treatment had been tried in leukemia cases, but the grafts failed to take. No one could be sure why the injections failed before and succeeded in the case of the radiation victims, he said.

Glaucoma: An effective miotic for the control of wide-angle glaucoma has been reported by Dr. Irving H. Leopold, Philadelphia. He said the drug—echthiophate—has proved effective in 87 of 110 cases studied in the past two years. The drug is not yet available to practicing physicians.

Accreditation Change Made

A new Certificate of Accreditation has been approved by the Joint Commission on Accreditation of Hospitals.

The change was necessary since the Canadian Medical Assn. resigned its membership on the Joint Commission as of Jan. 1. The Canadian Council on Hospital Accreditation has assumed responsibility of accrediting hospitals in Canada.

American Medical Association was voted the seat on the Joint Commission which was vacated by CMA's resignation. Dr. Hugh T. Carmichael of Chicago, a member of AMA's Council on Mental Health, was appointed to the new AMA seat.



—UPI Photo
INFANT'S VISION can be tested with device invented by Dr. Sydney S. Gellis (left), Boston University School of Medicine. Baby's eyes follow black lines moving across the arc above its head. Reducing width of lines and watching infant's eye movements enable doctors to make mathematical calculation of the acuity of the baby's vision. Assisting is Dr. John Gorman, Winthrop, Mass.

Longshoremen's Clinic Opens

A second medical clinic for longshore labor has been opened on the waterfront at Jersey City, N.J.

The clinic will provide free medical diagnostic service for longshoremen and their families. Dr. Michael Aria is director of the Union Labor Medical Clinic, Inc.

New York Shipping Assn., Inc., will bear full cost of the service through contributions to the Central Welfare Fund, managed by trustees from the association and the unaffiliated International Longshoremen's Assn.

The first Longshoremen's clinic was opened in Brooklyn in 1958. The shipping association has agreed to support other clinics and a site is being selected in Manhattan.

Placement Requests Exceed Texas Demand

Three physicians request location information in Texas for every one community seeking assistance in securing a doctor, according to current figures from the Texas Medical Assn.

Requests for assistance in securing a GP show a 2 to 1 ratio with requests for a specialist. Top three demands for specialists: 29% EENT, 12% pediatricians, 12% internists. Requests for surgeons account for 6% of the specialty listings.

Of physicians seeking a Texas location, 1% are EENT, 2% pediatricians, 11% internists, and 33% surgeons.

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Cancer Work Reviewed

The American Cancer Society is publicly supported. Therefore, the public has a right to know what's going on in the field of cancer.

Putting this philosophy—as expressed by Dr. Harold P. Diehl, ACS vice president for research and medical affairs—into practice, the society recently set up a super press conference at Excelsior Springs, Mo.

For seven days, 34 of the nation's science writers listened to 40 eminent cancer specialists summarize the present status of their work.

Said Dr. Diehl: "Some physicians may ask, 'Why tell the public about cancer research and perhaps give them false hopes?'"

"We feel that cancer is a subject in which the public as well as the medical profession is deeply interested.

Our purpose is to inform science writers and through them the public on the present status and prospects in the major lines of research."

Dr. Diehl, who retired recently as dean of the University of Minnesota Medical School, believes, "If the public has some idea of the sound scientific work being done, it will reduce the likelihood of their expecting miracles in cancer research, or following the will-o'-the-wisp of new and untried promises of cancer cures."

No spectacular new advances in the field were revealed, but as a roundup and refresher course, the journalists agreed the conference was successful.

The meetings also served to underscore a relationship between men of science and of the press which has been growing closer in recent years.

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If You're Driving Best Roads to Annual Meeting

America's most modern expressways—mostly toll, but some free—are available to physicians planning to drive to Atlantic City for the American Medical Association's Annual Meeting, June 8-12.

The American Automobile Association, which made a special study for *The AMA News*, said this is particularly true for persons living in the northeast and north-central sections of the country where great turnpike arteries have been built.

Turnpike Network: The AAA pointed out that Chicago, Detroit, Cleveland, Pittsburgh, and areas in between are on—or closely connected to—a turnpike network which brings them close to the convention city.

Here's the AAA's recommendation from Chicago to Atlantic City: Calumet Skyway from Chicago's south side to Indiana Toll Road. Follow toll road to Ohio Turnpike and Pennsylvania Turnpike until it intersects with New Jersey Turnpike. Turn south on New Jersey Turnpike and follow it to Philadelphia-Camden Interchange No. 4. There, take NJ-73 southeast to US-30 and then take US-30 to Atlantic City.

The AAA warned of "highway hypnosis" on the toll roads and advised drivers to take ample time for meals and relief stops. It said a feeling of sleepiness while driving calls for a prompt rest stop or turning the wheel over to another driver.

For people living in Buffalo, Albany, New York City and other communities located on, or near, the New York Thruway, expressway facilities are available for almost the entire route.

Thruway and Parkway: Once out of the city, the motorist follows the Thruway and the Garden State Parkway into within a few miles of Atlantic City.

From the Midwest and the South, there have been vast improvements in



highways in recent years. For example, AAA reports that between St. Louis and Indianapolis, many miles of limited-access highways have been built.

The same is true of Route 40 from Indianapolis, through Columbus, Ohio, to the Pennsylvania Turnpike intersection southeast of Pittsburgh.

The AAA said travel time between Atlanta and Washington has been cut by some five hours as a result of road improvements.

Baltimore Tunnel: Between Washington and Baltimore, there is a limited-access highway providing no-

stop, first-class travel facilities. By using the new Baltimore tunnel, AAA said, drivers can now by-pass most of that city's traffic and make good time to the Atlantic City area over dual-laned Route 40.

Thus, with good roads and thousands of new motel units available in the convention city, it all adds up to this: 1959 is an ideal year for motor-ing to Atlantic City!

(Detailed routings and new tour books published by the American Automobile Assn. are available to AAA members through their local motor club.)

Defense Course At Convention

A condensed, one-day version of the Army Medical Service's one-week course on "Management of Mass Casualties" will be presented at the National Medical Civil Defense Conference June 6 at Atlantic City.

The conference is sponsored by the AMA's Council on National Defense. All sessions will be in the Traymore Hotel.

The Army's course, conducted several times each year at Walter Reed Medical Center in Washington, D.C., and at Brooke Army Medical Center in San Antonio, Tex., deals with atomic and nuclear warfare medicine.

Six thousand military and civilian medical personnel have been graduated from the courses, which were commended by the AMA House of Delegates in a resolution adopted last December. The CND nominates two civilian physicians for attendance at each course.

Highlights of the one-day meeting will include a casualty simulation demonstration; discussions of first aid, rescue and evacuation; management of burns resulting from nuclear disaster; preventive medicine in disaster and impact of radioactive fallout on medical operations.

Participants will include the surgeon general of the Army, Dr. Louis M. Orr, Orlando, Fla., AMA president-elect; and Dr. Harold C. Lueth, Evanston, Ill., chairman of the CND's Committee on Disaster Medical Care.

Youths Favor Medical Career

More than 1,000 high school editors believe careers in medicine offer the highest prestige, interest, and usefulness to society.

A study by Columbia University's Graduate School of Journalism asked students to rate nine professions according to interest, financial rewards, family life, prestige, and usefulness to society.

The students rated medicine second in financial prospects but seventh among careers conducive to a good family life.

Among boys participating in the study, 17% indicated they planned careers in medicine and science. The majority of girls would prefer to marry either a doctor, lawyer, or engineer.

Students believe the field of law offers the best prospect for financial reward and that ministers have the best chance for a good family life.

Teaching was rated lowest in prestige and financial prospects, but second in usefulness to society. Banking, business, and public office were rated as least interesting and least useful. Journalism was the ninth profession included in the survey.

Leaflet Describes Services of AMA

The meaning and value of AMA membership is explained in a leaflet "Science and Service to Humanity" being distributed with 1959 AMA membership cards.

The leaflet stresses that members have immediate access to the AMA's vast scientific, socio-economic, public service and informational resources. It urges them to use these privileges for the benefit of themselves and their patients.

Additional copies of the leaflet may be obtained by writing Department of Special Services, Communications Division, AMA, 535 North Dearborn, Chicago 10, Ill.

Only Cure

In West Germany, where one in five highway deaths is said to be due to alcohol, drivers have been reading about a new anti-drunk pill. Makers of the pill insist it will reduce blood alcohol to safe proportions.

But after extensive tests of the pill, the German Automobile Club warned that the pill doesn't do what it is supposed to do. In addition, the pill may cause undesirable effects including shaking hands, and errors in depth perception.

The only "cure," the club says bluntly, it not to drink.

Artery Disease Link To Weight Doubt

Doubt that being overweight or eating fatty foods leads to coronary artery disease was expressed by Dr. Samuel A. Levine, professor emeritus of clinical medicine at Harvard Medical School, before the scientific meeting of New Jersey Heart Assn.

Dr. Levine said scientists really don't know why one person is more prone to coronary artery disease than another. He expressed the opinion that medical men eventually will find that it is because of "anatomical differences" in the coronary arteries rather than how a person behaves or what he eats.

Young Males Most Often Hurt

Forty-seven million Americans suffered injuries requiring medical care or restriction of activities in the year ended June 30, 1958. Of the total, 27 million were males.

Home accidents were responsible for 41% of the injuries, a National Health Survey report shows. About 10% of those injured were in motor vehicle accidents, 17% were injured at work, and 32% were injured in other types of accidents.

The NHS survey, published by U.S.

Public Health Service, excluded persons sustaining injuries which did not require medical care or which did not restrict activity for at least a day.

Estimates show that males in the 15-24 age group were injured at the rate of 482 per 1,000 persons—a higher rate than for any other age-sex group. The highest rate among females, 319 per 1,000 persons, was for those 65 and over.

Urban area residents were injured at the rate of 276 per 1,000 persons;

rural-nonfarm residents showed an injury rate of 291 per 1,000; and rural-farm residents had a rate of 267 per 1,000 persons. The rate for injuries causing bed disability was highest in rural-farm areas.

An average of 1,160,000 persons a day were forced to restrict activities because of injuries. Included in the restricted-activity days were 106 million days lost from work and 13 million days lost from school.



Scanning the News

Medical Timer: A Swiss watch manufacturer is marketing a new pulsometer wristwatch for use by MDs in automatically timing a patient's pulse rate. Graduations, viewed through a ring magnifier for accurate reading, are set around outer edge of dial. A button starts, stops and returns timer hand to zero position.

WMA Officer: Dr. John M. Bishop, Bellevue, Wash., has been named deputy secretary-general of World Medical Assn. The 35-year-old physician will assist Dr. Louis Bauer, WMA secretary-general. Dr. Renaud Lemieux, Quebec, Canada, was elected to fill casual vacancy as president-elect.

Insurance: Group Health Insurance, Inc., will make a two-year experiment on insurance against mental illness. Study will determine workability of psychiatric insurance, which has been lacking in most voluntary, non-profit health insurance plans. A \$300,000 grant, provided by National Institute of Mental Health, will give 30,000 GHI subscribers psychiatric care at no extra cost.

In Jail: Maryland's Dr. Robert Reddick has begun serving a five-year penitentiary sentence. Charged with selling medical license to a retired auto mechanic for \$5,000, he was convicted in April, 1958, for common law forgery. He had been out on appeal of conviction.

PMA's PR: G. Fred Roll, public relations director of Smith, Kline & French, has been named chairman of new PR section of Pharmaceutical Manufacturers Assn. New section will serve as advisory group to association's executive committee.

Mental Health: Executive board of World Federation for Mental Health has designated 1960 as World Mental Health Year in the hope of stimulating new scientific interest in this field. The UN World Health Organization in observing World Health Day, April 7, used theme, "Mental Illness and Mental Health in the World Today."

Cry Baby: Mothers who have difficulty determining why the baby is crying may soon get some help. Dr. Samuel Karelitz, Long Island Jewish Hospital, said research is underway to determine by quality and rhythm which cries were caused by hunger, pain, or sickness. Cries will be recorded and later distributed by Red Cross for use at expectant mother classes.

Proposed Rules: Food and Drug Administration has proposed rules for the labeling of drugs sold without prescriptions. New act requires labels to bear "such adequate warnings . . . as are necessary for protection of users." FDA invites comments on proposed warnings.

Film Wins Top Award

The most coveted award in the television and radio industry—the George Foster Peabody Award—was presented *MD International*.

The documentary film, shown twice on NBC-TV's March of Medicine program, chronicles the work of American doctors serving in all areas of the world.

Citation naming the documentary the best television contribution to international understanding read in part:

"This Peabody TV Award goes to *MD International* for its inspiring study of American doctors caring for the sick and the abandoned in the far corners of the world, bringing comfort and the healing art to the blind and the halt and the hungry, without hope of gain or favor. Presented on NBC by the March of Medicine, this

program was an outstanding contribution to international understanding."

Presentation of the award was by John E. Drewry, dean of the University of Georgia's School of Journalism. The awards are administered by the school and an advisory board.

MD International, chosen by the U. S. State Department for showing at the Brussels World Fair, was filmed in 81 days by a seven-man March of Medicine crew.

The film was first presented in January, 1958, by the American Medical Association and Smith Kline & French Laboratories.

Earlier this year, producer-director David Lowe and script-writer Lou Hazam received Christopher Awards for their work on the program. Composer of the score was George Kleinsinger. Editor was John McManus.



PEABODY AWARD, honoring *MD International*, is acknowledged by Joseph N. DuBarry (right), assistant to the president of Smith Kline and French Laboratories. Looking on (left to right) are Dean John E. Drewry of University of Georgia School of Journalism, who presented the award, and David Lowe, producer-director of the film.



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Drug Industry's Role in Britain

Britain's National Health Service has had three main effects upon the pharmaceutical industry in that country, Thomas Kerfoot, president of The Association of British Pharmaceutical Manufacturers, told the (U.S.) Pharmaceutical Manufacturers' Assn. at the latter's annual meeting.

Kerfoot said the NHS:

- Increased turnover.
- Brought about an influx of overseas companies into Britain.
- Put all activities under the floodlight of public scrutiny.

Unique Position: "Our industry found itself in a position which is probably unique in commercial history," he said. "We are selling goods to a consumer who neither chooses them nor pays for them. They are chosen for him by his doctor, and paid for on his behalf by the state. Moreover, the state has no direct control over the quantities which shall be consumed, nor the price which shall be paid for them."

As a result of these circumstances, Kerfoot said his industry found itself doing its work "in the full glare of public scrutiny."

"We have been scrutinized, analyzed, criticized, stigmatized, sat on by committees and examined one by one, but we have kept our heads up and have learned to live with it, if not to like it," he emphasized.

In the first year of NHS the industry was paid about 14 million pounds for drugs, he said. In 1957, nine years later, it was paid about 41 million pounds. To meet this increase in demand, the drug industry simply stepped up production.

Cost Doubled: He said his association welcomed companies from overseas who set up plants in Britain, and accepted them into full membership as soon as they were ready. "By so doing," he explained, "we have gained both in strength and prestige."

Britain's NHS costs about \$45 per head per annum, which is about as much as a laboring man would earn in 1½ weeks. Of this sum, 10% is spent on pharmaceutical services—more than double the cost of 10 years ago. Cost per prescription has gone up from 42c in 1949 to 83c in 1957. Inflation has accounted for about half of the total increase while the wholesale price index for drugs has risen 6%.

Over-65 Plan To Be Offered

Surgical, medical, hospital and nursing home care insurance for persons 65 and over will be offered May 1 by Wisconsin Physicians Service, the Blue Shield plan of the State Medical Society of Wisconsin.

Monthly premiums for the "Century Plan" will be \$9 per person.

Physicians' services will be paid according to a fee schedule. The 2,800 physicians who participate in WPS-Blue Shield will accept benefits paid by "Century Plan" as full payment when the policyholder's annual income is under \$2,000 as a single person or \$3,600 for a couple.

The "Century Plan" will pay up to \$10 per day for hospital room and board expenses for the first 60 days of each confinement and 100% of miscellaneous hospital expenses.

Nursing home benefits, up to \$10 per day for room and board, will be paid within the same 60 day period when patient is transferred directly from a hospital to a nursing home.

Dr. Austin Smith Heads PMA Drug Research, Sales Increasing

Dr. Austin Smith, former editor of *The Journal of the AMA*, has been named the first full-time president of the Pharmaceutical Manufacturers' Assn.

PMA by-laws were amended at the association's annual meeting in Boca Raton, Fla., earlier this month to provide for the newly created office of president as well as chairman of the board and chairman-elect.

William B. Graham president of Baxter Laboratories, Inc., was elected board chairman. H. J. Loynd, president of Parke, Davis & Co., became chairman-elect.

PMA Spokesman: Dr. Smith, a member of AMA's headquarters staff 18 years before resigning last December, will be chief administrative officer of PMA, representing the organization in all its broad sphere of activities. In that capacity he also will serve as spokesman for the industry.

For two years, Dr. Smith served as a member of the Department of Pharmacology, Queen's University, Kingston, Ontario, Canada, later as a lecturer at the University of Chicago, Department of Pharmacology. He also is a former secretary of what is now AMA's Council of Drugs (See *AMA News*, Dec. 15, 1958).

George F. Smith (Johnson & Johnson), retiring president of PMA, said the merger of American Drug Manufacturers' Assn. and the American Pharmaceutical Manufacturers' Assn. (May 24, 1958) to form the PMA was "accomplished with remarkable smoothness."

Research and Education: In citing the growth of the organization, Smith said applied research is the very heartbeat of the pharmaceutical industry. More than \$200 million will be spent this year for research and development and for support of education in medical and scientific fields, he said. That is \$65 million more than was spent in 1957.

"But these gains are all hard won," Smith said. "Only a small fraction of all drugs studied eventually develop as expected. For example, of the estimated 5,000 antibiotics that have been found, only 17 have been worthy of commercial production."

By comparison, less than \$12 million a year is spent in Great Britain on pharmaceutical research. In Swit-



Dr. Smith W. B. Graham

zerland, the figure is less than \$20 million.

Imports Rise: "Before World War II our imports of drugs greatly exceeded our exports, which in 1939 were only \$20 million," Smith said. "By 1957, U.S. imports had dropped to \$11 million while exports soared to \$284 million. This is tangible evidence of the American drug industry's leadership in the development of health giving and life saving drugs."

The retiring president pointed to the industry's outstanding record and said it "can withstand close scrutiny by both the public and the government." But he warned that the industry's achievements should not make it complacent nor eliminate the need for self-examination.

One of the successful undertakings during PMA's first year was the adoption of a code of ethics to govern the promotion of ethical pharmaceuticals, Smith said.

Sales Will Double: He called upon

members of the PMA to "reaffirm the principles (of the code) with the people responsible for upholding them, and emphasize that they must be strictly observed."

Graham, new chairman of the PMA, predicted that overall industry sales will double in the next decade. "This would increase sales of U.S. manufacturers to about \$4½ billion by 1969," he said.

Creation of the new presidency as a full-time office is a vital industry necessity in the face of its rapid growth and attendant public interest, Graham told *The AMA News*.

Serious Manpower Shortage Predicted

A serious manpower shortage is in sight in the health professions, according to George W. Albee, Ph.D., director of the Joint Commission on Mental Illness and Health's Task Force on Manpower.

Unless positive action is taken, Dr. Albee told the ninth annual meeting of the Pennsylvania Health Council at Harrisburg, "there will be less professional help available in the future than at present."

He attributed the threatened shortage to a growing resistance of young people to the "painful process of learning." The lack of interest in schooling is due to the relative ease with which the material products of our civilization can be acquired, he stated.

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DISCUSSING LAW and medicine at the Regional Medicolegal Conference in Cleveland are (left to right) Dr. Ewing H. Crawford, Cleveland, and attorneys A. H. Dudnik, Cleveland, and Truman B. Rucker, Tulsa, Okla.

MD and the Law

Into the Lion's Den

(Editor's note: The AMA News will present a series of six articles on topics discussed recently at Regional Medicolegal Conferences in Washington, D. C., Cleveland, and Salt Lake City. The AMA Law Division and the respective medical societies co-sponsored the meetings.)

Res ipsa loquitur in a malpractice suit may be paraphrased: The untoward result upon the patient "speaks for itself"—let the doctor come forward to explain and defend himself.

R. Crawford Morris, Cleveland attorney and one of the speakers on the programs, believes this legal doctrine is being overworked to the point where it is forcing the medical profession to forego any new techniques.

He said it is acknowledged that physicians are more likely to follow conservative procedures if they feel that the lack of beneficial effects from a new technique may result in a malpractice suit.

The Lion's Den: The vice of *res ipsa loquitur*, he continued, is that "it hurls the defendant doctor into the lion's den of jury speculation." He asserted:

"What the doctor wants and should want is to have his conduct judged by medical experts who know and understand the complexities facing him. . . . That is the theory and always has been the theory of the law, that she who accuses must prove in malpractice cases by expert medical testimony.

"Once *res ipsa loquitur* gets it, the doctor has lost that safeguard."

On the other hand, attorney Hugh G. Head Jr., Atlanta, Ga., defended the doctrine at the Washington meeting. He declared:

"This doctrine is invoked only when there is complete and exclusive control of the means of the injury in the hands of the defendant doctor or hospital."

Arrogant Callousness: He asked physicians to put themselves into the patient's position and see if they can "swallow the arrogant type of callousness that daubs them cases of 'liability without fault.' It was the patient who was faultless."

He said the best thing about *res ipsa loquitur* from the doctor's point of view is that after enough evidence has been presented to show the case has merit, the doctor "has all the time he wants to put on all the witnesses and evidence he wants to show skill and carefulness."

On this point, Morris said a bad re-

sult may occur "even where the highest degree of care has been used."

He contended that the doctrine had evolved into a "sympathy perversion of *res ipsa loquitur*" and added:

"The realities in the situation, the legal facts of life, show that the doctor is getting stuck time and again with no proof of anything against him. This is liability without fault."

Easy to Accuse: Morris observed it was easy to accuse and difficult to defend. He concluded:

"I say to you that the safeguards of the law, that she who accuses against a doctor must prove by expert medical testimony, are sound and should be preserved."

Head asserted that a jury, rather than an impartial medical expert, was in the best position to decide a case when two teams of doctors go into court on opposite sides.

He also maintained that the doctor-defendant held the upper hand because he could always get a doctor-witness, and because a "conspiracy of silence" kept other doctors from testifying against him.

(Next issue: Impartial Medical Testimony.)

Ike To Speak

President Eisenhower is scheduled to address the Second National Conference on World Health to be held in Washington, D.C., May 7-9.

Medicolegal

Antabuse—It's a Unique Problem

Physicians use great care in administering any drug or medical preparation which may cause an unfavorable side reaction in a patient, and this is a good thing both from a medical and legal standpoint.

If it is possible to determine whether a patient is allergic to the drug to be used, and if the physician fails to check this, he may be liable in a damage suit if a serious reaction does occur.

Explain Reactions: On the other hand, if there is no known method by which the likelihood of an allergic reaction may be discovered, the most the physician can do is explain to the patient the possible reactions he might expect.

Antabuse presents a unique problem compared with most drugs because reactions following its use depend almost entirely upon the patient rather than on the drug itself.

If the patient refrains from eating or drinking anything containing alcohol, he generally will not suffer a side reaction.

Antabuse Precautions: These are precautions a physician should take when prescribing Antabuse for a patient:

- See that the patient is accompanied by a responsible member of his family or by a reliable friend.
- Make sure the patient is sober at the time of consultation.
- Carefully explain how much Antabuse should be taken and how often.
- Tell him what reactions will occur if alcohol in beverage or food form is ingested.
- Have the patient carry a card containing a statement that he is under Antabuse therapy. The card should indicate the name and the home and office phone numbers of the physician.

If all these precautions are taken and fully understood by the patient, then any unfavorable and unpleasant reactions will be the fault of the patient, not the physician.

Officers Elected

Dr. Louis Wegryn, Elizabeth, N.J., is the new president of the Association of American Physicians and Surgeons. President-elect is Dr. Robert J. Moorehead, Yazoo City, Miss. Harry E. Northam, Chicago, former executive secretary, is now executive director.

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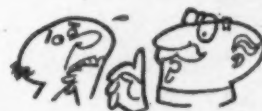
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—UPI Photo
COURAGE SPEAKS OUT in Newton, Mass., where Mrs. Mary Doehler, 67, (left) is teaching laryngectomy patients to speak again. A laryngectomy since 1944, she learned to produce intelligible speech by expelling swallowed air, which is vibrated against the esophagus, throat and mouth. Air is forced back through the mouth, where tongue and lip movements form words and sentences. Here Bill Cunningham, Boston newsman, starts a speech lesson.

Stating It Briefly

Judo Lessons: Student nurses at McKinley Hospital, Trenton, N.J., are being trained in judo. Experts from nearby McGuire Air Force Base are instructors.

New Building: Medical Association of the State of Alabama has moved into new headquarters building at Montgomery. Contributions totaling

\$17,146 from 127 individuals and 15 county societies will help pay for building.

Uncover Diabetes: 180 proven new cases of diabetes were found in Kentucky's annual statewide diabetes-detection drive. A record total of 90,500 urine tests were made. Kentucky State Medical Assn. co-sponsored tests.

Feature Story: AMA delegate Dr. L. O. Simenstad was subject of feature story in *Minneapolis Star*. The Oscola, Wis., surgeon's interest in aviation was the main subject.

"Research Report": Jackson, Miss., chiropractors are using direct mail pieces claiming near victory over 42 disease categories ranging from allergy to ulcers, reports Mississippi State Medical Assn. Newsletter.

Physician Awards: Dr. Joseph W. Post, Philadelphia radiologist, was named National Physician of the Year by Philadelphia Business Club. . . . Dr. Marvin D. Siperstein of University of Texas Southwestern Medical School, got the 1959 Marchman Award for outstanding achievement in both research and teaching. Award is given yearly by the Dallas Southern Clinical Society.

Health Fair: Essex County, N.J., Medical Assn. is cooperating with 95 other groups in sponsoring a health fair May 7-9 at South Orange.

Men of Year: Canton, S.D., Chamber of Commerce named Dr. L. L. Parke, general practitioner for 46 years, its "Man of the Year." . . . Chillicothe, O., Junior Chamber of Commerce voted Dr. Nicholas H. Holmes, surgeon and first mayor under new charter government, the city's "outstanding citizen of 1958."

Old Timer: Hibbing, Minn., Exchange Club honored the city's newsboys recently and paid tribute to Dr. Bertram Adams, who had a paper route in the 1890s.

Building Gift: Col. and Mrs. T. H. Barton, El Dorado, Ark., have given \$800,000 to University of Arkansas Medical Center to help construct a \$2.3 million clinical research wing. Department of Health, Education, and Welfare last year granted \$1 million. Remainder came from Pulaski County Medical Society and others.

Student Loan Fund Started

Nebraska Medical Education Fund, Inc., has made its first loans to students. The non-profit organization was formed recently by physicians at Omaha.

The first loans totaled \$2,070 to six students—sophomores, juniors and seniors—at the University of Nebraska College of Medicine in Omaha.

Loans are for tuition and living expenses with the maximum amount to each student set at \$1,500 a calendar year. In most cases students will be asked to repay the loans, which carry 4% interest, two years after graduation.

Dr. Clinton C. Millett, fund president, said the fund was started when it was determined that several of the top applicants for this year's freshman class did not enter Nebraska's college but went to other schools with loan funds.

Forty-three Omaha doctors have pledged a total of \$43,000 to the fund. Other Nebraska College of Medicine graduates will be asked to participate.

The organization's aim is to make eligible eventually all people seeking an education in medicine or allied fields in Nebraska. This would include students at Creighton University School of Medicine in Omaha.

Cosmetics Award

Dr. Irvin Blank of Harvard University has won the Society of Cosmetic Chemists' \$1,000 award for distinguished literature in the field of skin physiology and biochemistry. He is the second member of the AMA Committee on Cosmetics to win the award. Dr. Stephen Rothman, Chicago, Ill., was a 1955 winner.

Forand-Type Proposal Would Cost \$1 Billion

The government placed a price tag of more than \$1 billion on proposals to offer elderly persons medical and nursing home benefits through the social security system.

In the long-delayed report on programs to assist the aged meet medical bills, the Department of Health, Education and Welfare made no recommendations, merely listing the costs and problems involved.

The report noted that "because both the number and proportion of older persons in the population are increasing, a satisfactory solution to the problem of paying for adequate medical care for the aged will become more rather than less important."

However, the agency declared that "in our society the existence of a problem does not necessarily indicate that action by the federal government is desirable."

Report Requested: The report was compiled by the department at the request of the House Ways and Means committee that has before it a measure sponsored by Rep. Aime Forand (D., R.I.) that would provide hospitalization and surgical as well as nursing home care for those eligible for old-age and survivors insurance benefits. Committee Chairman Wilbur Mills (D., Ark.) has not indicated when or whether he will call hearings on the bill this year.

The 117-page report figured that hospital benefits of up to 60 days—as in the Forand measure—would cost some \$900 million in 1960. The agency's estimates on nursing home costs ranged from a "very limited" projection of \$14 million a year to an "outside limit" of \$885 million. There was no estimate of what surgical services might cost, but this would be in addition to the other figures.

The agency's estimates compare with the \$1,883,000,000 level that the Health Insurance Association of America has placed on the cost of such a program. The financing of the Forand measure and similar programs would be done through raising social security taxes on employers and employees. HEW estimated that a medical program would require at least a one-half of one percent increase in the social security payroll levy, already scheduled to rise to four and one half percent by 1969.

About 40 percent of the 15.3 mil-

lion persons in the U.S. aged 65 and over have some type of private health insurance, compared with only about 25 percent in 1952, the report pointed out. If the yearly increase continues, about 70 percent of the aged beneficiary group will have some form of health insurance by 1970.

The report discussed some of the alternatives to social security health insurance that have been proposed by various groups. Again without taking a stand, the HEW outlines plans for federal subsidies to private health insurance companies, government re-insurance of private companies, direct federal help to persons unable to meet medical bills, and expansion of voluntary insurance plans.

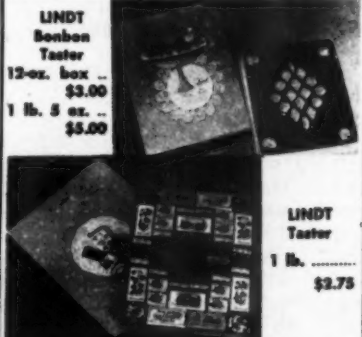
Solid Progress: The AMA has favored the latter approach. Dr. Leonard W. Larson, chairman of AMA's Board of Trustees, recently reported to Congress "solid progress" in the program to develop new insurance programs and broaden existing lower cost protection for the elderly.

HEW Secretary Flemming, in a foreword to the report, declared that "we have attempted to present the most important factual information bearing on this subject in the most objective possible manner." Specific administration recommendations will come after "an analysis of the policy issues involved," he said in a letter of transmittal to Ways and Means committee Chairman Mills.

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Letters

... As Readers See It

Forand Bill

• The Forand bill was introduced into Congress as a solution to the problem of medical care for the aged. The medical profession, caught by surprise, rushed to Washington for a stay of public pressure and then rushed off again to improvise counter proposals. This is oversimplified but true in essentials.

I use this to dramatize the fact that if we wish to lead public opinion then we must have a sounding board for the airing of ideas in regard to the practice of medicine. This sounding board should be a journal of opinion sponsored by the AMA and open to doctors, labor leaders, economists, sociologists and lay persons.

Out of such a continuing exchange of ideas and encouragement of expression we can hope to evolve ever new plans to meet ever new needs. Instead we have hurriedly improvised plans when public pressure confronts us with unhappy solutions.

I would sooner see the medical profession place its money, time and personnel in such a practical venture, rather than the pleasing but superficial reporting media like the present *AMA News*. If we are rich enough for both, fine, but first things should come first.

JULIUS J. WINEBERG, MD.

Waukegan, Ill.

Organizational Structure

• Regarding the recent letter by Dr. Milman Pease concerning a poll of the membership on the subject of social security, I would like to state that although I do not support social security for physicians I do believe that our organization is undemocratic in that:

• We do not have the right of initiated measures by the membership in our state organizations and must abide by decisions of the house of delegates.

• We do not have the right of vote by proxy, and in the case of the general practitioners in rural communities who must cover for each other when some attend a medical meeting this amounts to "taxation without representation."

• We do not have the right to elect our representatives and our executive and judiciary but give that right to the ruling few.

I think that the time has come to reexamine the organizational structure of the AMA as well as the structure of the labor unions.

R. P. FROESCHLE, MD.

Hazen, N.D.

Malpractice News

• I most certainly agree with your editorial on malpractice suits. The importance of the suppression of news of this type until the accused has had his day in court is indeed something that should be practiced by all publications. I speak, not only in behalf of doctors where this has happened, but it certainly means a great deal to the reputation of the community and the services offered therein.

I, personally, feel that your editorial on malpractice suits should not be confined to your own publication, but should be distributed to newspapers and other periodicals throughout the country.

J. H. (JIM) REED

Manager, Chamber of Commerce

Lincoln, Ill.

The Medicine Man

• The recent viewing of the American Medical Association's film, "The Medicine Man," by a group of executives here at General Foods, prompts this letter to commend the AMA upon the fine campaign to combat food faddism and quackery.

The close cooperation between the AMA and the Food and Drug Administration and the National Better Business Bureau which is reflected by this motion picture and by the entire campaign is a heartening manifestation of our democratic way of getting things done in the public interest and for the public benefit.

I congratulate all concerned with this program, which underscores the nutritive quality and safety of America's food supply which makes ours the best-fed people in the history of the world. I hope this will be a continuing campaign.

CHARLES G. MORTIMER
President, General Foods Corp.

White Plains, N.Y.

Interns' Stipends

• I was intrigued with Dr. Longley's letter on interns' stipends. When I graduated, internships were received by competitive examination and those who were successful felt it so signal an honor as to be more than ample payment for the duties required of them.

This was and still is a post graduate course unequalled and if the intern had to pay for it he would gladly exchange his time for the tuition.

How refreshing it would be to hear, even an occasional youngster say, "What can I give," instead of "How much will I get."

ALEXANDER A. BROWN, MD.

San Antonio, Texas



THE PRESSURE IS OFF Harold E. Mitzelfelt (in cap and gown), who recently received his medical degree from the University of Tennessee. His goal was to finish medical school before his son, Vincent, graduates from a California medical school in June. Adjusting his attire are (left to right) two of his children, Richard and Sylvia, and his wife.

—AP Photo

Student AMA Meeting Set

Scientific papers will be presented by medical students and residents for the first time at the Ninth Annual Convention of the Student American Medical Association, April 30-May 3, in Chicago.

Eight medical students and three residents will present papers at sessions in the Sheraton Hotel. Students and residents also have prepared 12 scientific exhibits.

Featured speakers will be Dr. Alton E. Ochsner, New Orleans, who will discuss smoking and its relationship to lung cancer, and Dr. Corbett H. Thigpen, Augusta, Ga., author of *The Three Faces of Eve*.

SAMA's House of Delegates will be in session on two days of the meeting. The Woman's Auxiliary to SAMA will hold its second annual meeting during the convention.

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Planning for Ease and Efficiency

(Editor's note: This is the second of a series of 13 articles on practice management. Articles in this series are submitted by individual members of the Society of Professional Business Consultants and represent their individual approaches to the subjects.)

While every doctor has somewhat different needs and preferences in his office layout, there are some general principles for efficient arrangement of rooms that deserve careful consideration in planning any office.

The reception room should, first of all, be large enough to accommodate, without crowding, all the patients who are likely to be waiting. This room "sets the mood" for the patient. Help him to relax and he will be a happier, more cooperative patient.

Children's Corner: If the practice includes many children, why not have a "Children's Corner"? This is simply a section of the reception room set off by semi-partitions where there are toys, tables and chairs for the children. They will be amused but still within sight of their parents.

Ideally, the business office is a separate room, but strategically located so that one window opens onto the reception room and another onto the hall. The window onto the hall, where all departing patients must pass, will lay the foundation for good collections. Patients standing at this counter should not be visible from the reception room so your secretary may discuss payment of accounts with them in privacy.

Office and Lab: The business office should be large enough to contain the equipment the secretary needs and to give her comfortable working conditions. If space is a problem, built-in desks and cabinets may be the answer.

In a one-girl office it may be desirable to have the laboratory adjoining the business office with an archway between, so the assistant can be in the lab, but still within easy sight and reach of the business office and



reception room. There is no need to have a door to the hall from the lab—an archway is more practical. Provide ample cabinets and counters for work space and storage.

It is often handy to have the lavatory adjacent to the laboratory. Also, it is more economical to have major plumbing in one area. In the average one-, two-, and three-man offices, one lavatory is sufficient.

Examining Rooms: Your main work area consists of the consultation office and examining rooms. These

should be concentrated. Generally one private office and three 8' x 10' examining rooms for each doctor will permit the smoothest flow of patients. Doors to examining rooms should open toward the wall for maximum privacy to patients. Connecting doors between the office and examining rooms are unnecessary. They reduce soundproofing and available wall space for proper placing of furniture.

Auxiliary rooms—x-ray, diathermy, EKG, minor surgery, etc.—are used less than the examining rooms and so should be to the rear of the building. It may be convenient to have an outside entrance to the minor surgery room for emergency and stretcher cases. In partnerships and larger offices, the auxiliary rooms should be centrally located, if possible, so that they are equally accessible to all doctors.

For maximum economy and least fatigue, keep the rooms as small as possible, concentrate the work area, and keep hallways to a minimum. Standard rectangular buildings usually are most practical.

Proper arrangement of rooms means ease of practice and enables the doctor to see more patients. It also reduces the waiting time for the patients.

Extension Courses Urged To Keep MDs Informed

Medical schools have been urged to establish extension courses to keep physicians informed on new drugs and therapeutic developments.

Arthur S. Flemming, Secretary of Health, Education and Welfare, told *Drug Research Reports* the task is not one for U.S. Public Health Service. Last December, it was suggested PHS establish an extension service similar to that of the Department of Agriculture.

Flemming's stand parallels that of Dr. Gunnar Gundersen, AMA president, who has suggested that appropriate medical organizations should consider the feasibility of periodic re-

examinations and mandatory participation in post-graduate programs as a stimulus to stay abreast of medical progress.

Flemming's suggested program would have medical schools send experts into local communities to conduct short courses for area physicians.

Keeping informed of advances in medical knowledge is "the most perplexing and overpowering" of problems now facing doctors, according to Dr. Thomas G. Baffes, associate professor of surgery at Northwestern University.

He said in a St. Louis, Mo., speech that failure to stay abreast of new methods cuts a doctor's usefulness to society and may endanger his patients.

He said lack of time is the most important factor in a physician's struggle to stay informed.

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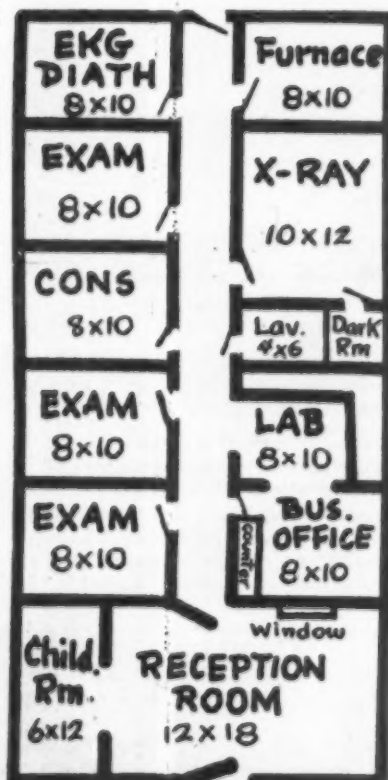
Maternal Mortality At All-Time Low

Maternal mortality in the U.S. dropped to an all-time low of 3.9 per 10,000 births in 1957, according to U.S. Public Health Service. Twenty-two years ago the rate was 58.2 per 10,000 births.

In comparison, the 1956 maternal mortality rate in West Germany, which has a national medicine program, was 13.5 per 10,000 births. Total maternal deaths numbered 1,137 while live births totaled 838,401.

Basic Research Lab

A million-dollar basic research laboratory will be built in Geneva, Switzerland, by American Cyanamid Company for long-range research in chemical and biological sciences. The staff will work toward uncovering of new scientific information rather than on development of specific commercial products.



OFFICE LAYOUT shows children's room off reception room and business office opening on hallway and reception room.

PR for MDs

Sometimes there's a break in the ideal doctor-patient relationship when a patient with a minor ailment is dispatched with a prescription after one visit.

"How does he know whether the medicine helped me or not?" wonders the patient.

Some doctors solve this problem by handing the patient a self-addressed postcard and asking him to report on his condition in a day or two. It's a friendly gesture.

Medical Team To Viet Nam

Five physicians and two nurses are taking part in an emergency mission to Viet Nam to clear up a backlog of pulmonary tuberculosis cases which threaten to overwhelm medical facilities in the Southeast Asia nation.

The group is being sent by MEDICO—a private organization for international medical assistance—at the request of the Viet Nam government.

The doctors, all of whom are contributing their services, are: Richard Overholt, Boston; Max Sadove, Chicago; James T. Littlefield, Charlottesville, Va.; Peter Safar, Baltimore, and John Keshishian, Washington, D.C.

Kathryn O'Donnell, Boston, and Shirley S. Wolf, Baltimore, are the nurses taking part in the mission.

Drs. Overholt and Sadove arrived in Saigon April 1 for a two-month stay. Drs. Littlefield and Safar will be there May 1-July 1. Dr. Keshishian plans to be there from June 15-August 15.

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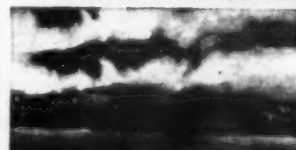


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Stock Market Words of Caution

Storm warnings are flying on Wall Street.

They are aimed primarily at get-rich-quick speculators and the novice in the stock market who is excitedly gambling on tips, but the danger signals also may apply in part to those who have tried to sail a "smart ship" investment-wise.

Among the leaders in alerting the public to "imprudent speculation" in the stock market was the nation's largest securities brokerage firm.

Newspaper Ads: In an unprecedented action, Merrill Lynch, Pierce, Fenner & Smith Inc., used paid newspaper advertising to tell its customers and the public:

"We are concerned about the number of people who have been buying stocks in recent months for what we believe are the wrong reasons—wrong at least for them.

"These are the people, mainly unsophisticated about securities and often victimized by the tips and rumors that flood the market today, who have been buying stocks in the hope of making a big, quick profit. In a word these people are speculating imprudently. . . .

"No man should buy stocks unless he can cover his living expenses comfortably, unless he has adequate insurance to protect his family, and unless he has set aside funds to meet emergencies."

Caution Suggested: These words of caution by Merrill Lynch were followed by a letter sent to brokerage firm managing partners by the New York Stock Exchange. The letter urged all partners to take time out to go over all accounts and caution investors if there has been too much speculation in a particular stock.

G. Keith Funston, Exchange president, said NYSE is increasing its 1959 advertising budget 25% in order to launch a special anti-speculation ad campaign.

The ads will be a marked change of pace from the Exchange's traditional theme of "Own Your Own Share of American Business."

According to Homer P. Hargrave, resident vice president and a director of Merrill Lynch in Chicago, these were some of the factors that prompted the brokerage firm to take out the paid ads:

- New accounts being opened now run about 7,000 a week, against 4,000 last year.

- In the first half of 1958, trades in the 20 issues that comprise Barron's low-priced stock index hit 100,000 shares a week only eight times. In the first quarter of 1959, trades in these issues have been averaging 200,000 shares a week and in a couple of weeks topped 500,000 shares.

- The price index for the 20 low-priced stocks rose 43 points in the first quarter of 1959 against a 16-point advance in the first half of 1958.

Very Prudent: Asked by *The AMA News* to comment on the Merrill Lynch ad, the financial writer for a large daily newspaper said:

"The ad was a very prudent and very wise thing. Speculation in some directions has been overdone."

A stock broker told *The AMA News*:

"The ad provided the right words of caution. I know of one stock which is selling at 60 times its earnings."

Electronics Speculation: The broker felt that most of the speculation was

being done in the electronics field. He explained:

"Four or five years ago the speculative stock was uranium. Today, it is electronics, which can easily be touted because of its space age and automation implications."

The broker warned that rumors of "hot" stocks were being spread daily and that swindlers are operating on a big scale in the market. He said:

"They usually tout a stock selling at about \$7. When the stock gets up to \$12 they sell out. In a day or so, the stock is back down to \$7. The unfortunate ones who followed the tip and bought at \$12 or \$14 are left holding the bag."

Prosecution Expected: This month, in an unusual formal statement, the Securities and Exchange Commission said it is investigating a substantial number of suspected manipulations and expects criminal prosecution in some cases.

SEC officials said the commission is disturbed over irrational fluctuations in the prices of certain issues and suspects the steep rises and declines have resulted from tips floated by "insiders" and others intent on enriching themselves.

Perhaps the most succinct analysis of the situation was made by a broker who remarked:

"What this market needs is a 'thinking man's filter.'"

The warning signs are out. The "thinking man" will review his investment holdings and make future purchases based on a realistic appraisal of the market.

New Trends In Sailboats

The trend for 1959 is to sailboats designed for family use—with lower prices and more designs in fiber-glass hulls with their minimum maintenance.

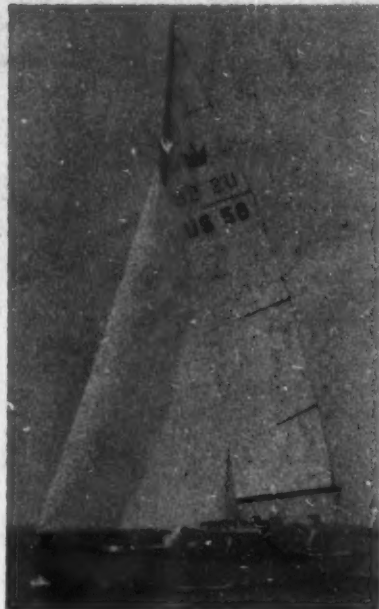
It is estimated there were 595,000 sailboats in use last year.

Sailboats range in price from about \$200 for a training boat for youngsters to more than \$30,000 for a racing cruiser. Many of the bigger sailing boats are available in kits and the buyer can save money by finishing them himself.

Sailing, an activity that attracts the young and the old, has become a popular participation sport in the country. More than 150 colleges and universities in the U.S. and Canada now include sailing among their competitive sports.

It is not necessary to be a racing enthusiast to enjoy a sailboat, however. They are good for lazing in the sun, or visiting corners of lakes, rivers, and bays.

A person considering buying his first sailboat should know that speed is a virtue. He can always make his boat go slower by reducing the sail area; he can never make a slow boat go faster.



Money spent on a sailboat should be considered an investment since the resale of these boats is high. Financing usually is available.

A 14-foot day sailer is considered a good family boat. They also can be used for training boats. Day sailers in the 15½ and 16½-foot size can accommodate two people overnight.

Vest pocket racers from 11½-feet up also are available. They can be carried on top of the car and kits are available for less than \$200.

Chairman Named for 1960 Health Forum

Dr. Edward L. Bortz of Philadelphia, a past president of the American Medical Association, has been named chairman of the 1960 National Health Forum, beginning March 13 at Miami

Beach, Fla. "Health of Older People" will be the theme of the forum, sponsored by National Health Council on behalf of its 60 member agencies.

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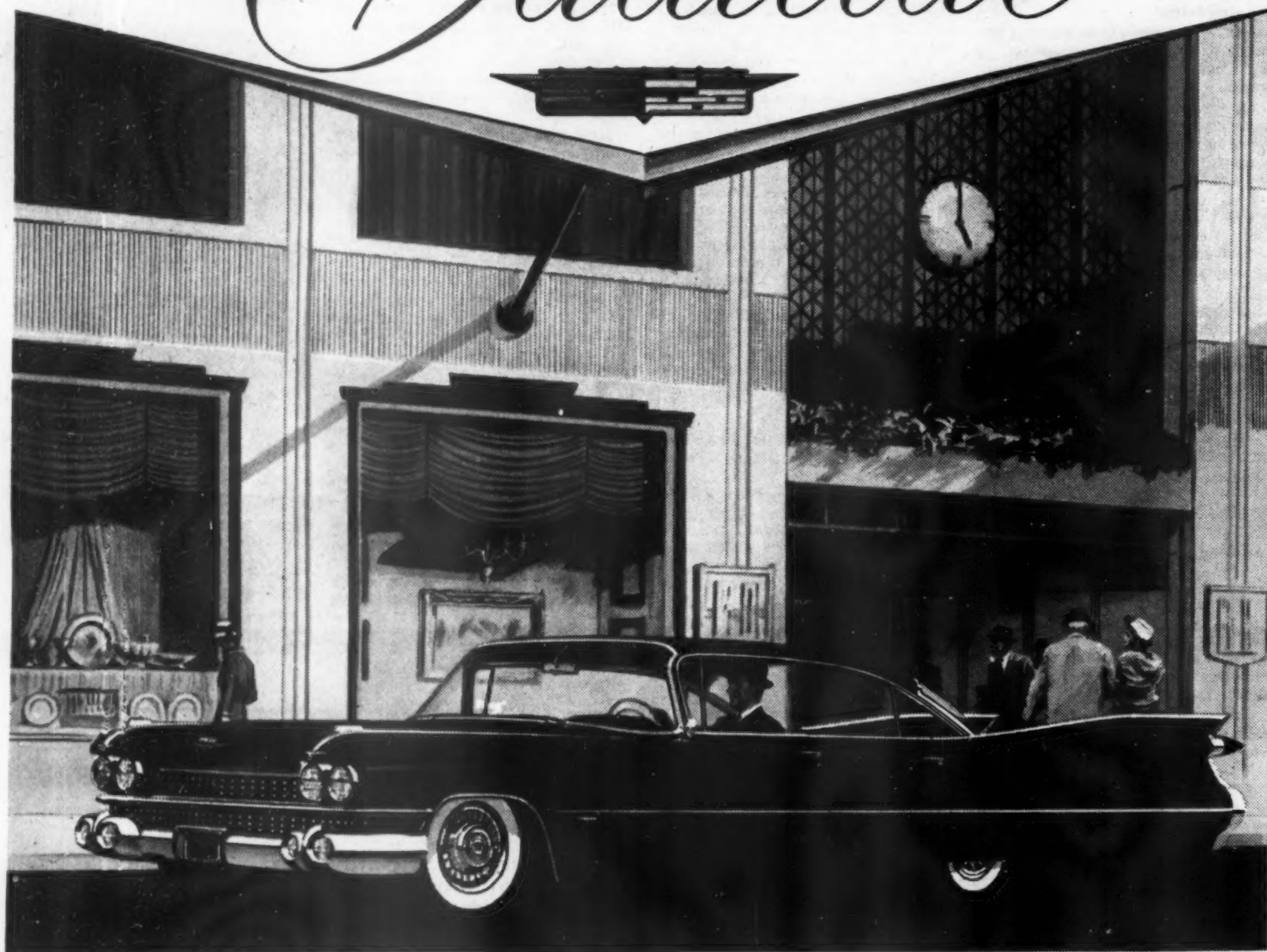
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We suggest you visit your authorized Cadillac dealer soon—and view your favorite highway through the windshield of a 1959 Cadillac.

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